

Customer Requirements for Occupational Safety and Health

OSH Criteria	Issues	Goals & Objectives
LEADERSHIP & ORGANIZATION	CG's commitment to OSH not explicitly set out in organizational goals.	Senior leadership use executive management tools to communicate OSH commitment
	G-M Program Director function doesn't include OSH responsibilities. ("M" has no senior officer assigned to oversee OSH for G-M.)	(1) Write OSH functions into operating and support functional statements. (2) Assign G-MO as program manager for G-M OSH program. (3) Assign G-MO-1 as G-M's OSH oversight officer.
	Organizational disconnects between HQ policy mgrs, MLCs, and field units degrades OSH implementation & improvement by blurring lines of responsibility.	(1) Assign G-M and G-O in charge of OSH for M and O. (2) Assign G-W as primary supplier of OSH services to G-M and G-O.
	Senior Leadership has no measurement system to help manage OSH.	M set OSH goals and develop an OSH measurement plan for Business Plan Workforce management.
	Senior Leadership commitment to OSH not effectively communicated.	(1) OSH Values and management should be core element of G-M Business Plan, G-W Business Plan, and OERs. (2) Adopt the March 1999 "G-M Customer Requirements for OSH" developed by the G-M OSH Workgroup, and by June 20, 1999 develop a Draft OSH Action Plan.
IMPLEMENTATION & MANAGEMENT	OSH resources & procedures not adequate to effectively support leadership commitment to OSH.	Adopt a comprehensive Safety Management System for OSH
	It is not clear that existing budget process is designed to achieve an effective OSH management system.	Benchmark OSH budget processes of other organizations & adopt improved approaches. (e.g., Glaxo-Wellcome, Dow, etc)
	Not enough OSH professionals dedicated to expanded customer base of field units & ISCs	Gain O&S commitment to RCP to fund OSH billets for new O & ISC customers.
	Inadequate documentation of procedures for major OSHMS elements.	Adopt AIHA/NSC Safety Management System for documenting OSH management procedures; incorporate recommendations on same in G-MSO-3 OSH Program Improvement Plan, pp 26-32.
	Lack of OSH communications plan about (1) status of population surveillance (2) mishap reports (3) general safety communiques.	(1) Benchmark OSH Communications Plan of leading OSH organizations. (2) Develop OSH Communications Plan.
	Safe Work Practices (SWP's) not systematically implemented at all units	(1) Integrate SWP's into unit OJT qualification processes. (2) Require all descriptions of duty and all performance evaluations to explicitly address responsibilities for SWP policies in Marine Safety Manual (MSM) & Unit Safety Manuals.

ENCLOSURE (1)

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	MSO's not doing "off-site" site characterization & assessment before responding.	(1) Develop an OSH risk assessment tool for field personnel to conduct "site characterization" for M field operations. (2) Develop Training program for "site characterization" for M field operations. (3) Evaluate implementation in Performance evaluations and exercise evaluations.
DATA & ANALYSIS	Essential information not available to effectively manage health of CG people	Augment and refine OSH info systems to enable effective management decisions
	Not using a systematic risk assessment to evaluate hazards in existing or new operations.	(1) Select a Risk Assessment approach for hazard analysis. (2) Do risk assessment for main "M" activities (3) Integrate results into safe work practices. (LERAM may work.)
	No standard exposure monitoring management system.	(1) Evaluate industry & DOD exposure monitoring systems as benchmarks (2) Adopt exposure monitoring system & implement in accordance with AIHA & OSHA.
	No analysis of injury, near miss, and illness trends in the population.	(1) Evaluate industry illness data systems as benchmark. (2) Adopt an illness database & link to injury/near miss database. (3) Analyze & report population trends. (4) Use data to develop appropriate interventions.
	No comparative population studies to assess health outcomes in CG populations.	(1) Perform Feasibility study. (2) If population study feasible, contract R&D to perform study using Partnership in Maritime Medicine. (3) If population study not feasible, determine appropriate management actions.
	OMMP health databases & "exposure" databases not part of KRIS (WK health mgmt database).	(1) Link OMMP and exposure data bases. (2) G-W implement data base management system iaw best OSH standards. (3) G-W supply to health information to G-M iaw w G-M requirements.

ENCLOSURE

(1)

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MEDICAL PROGRAM	Health care system not well designed for OMMP	Re-Design the Coast Guard medical monitoring program to ensure it meets all objectives of a full-quality OMMP program.
	Inadequate health screening for individuals.	(1) Adopt best screening techniques available in the United States for chemical hazards similar to those encountered by M people. (2) Document health screening procedures iaw best OSH standards. (3) Adopt, document & implement a patient Health Screening Communication process.
	No system of health surveillance for worker populations.	(1) Evaluate leading industry health surveillance programs. (2) Re-Design databases to include information needed to conduct surveillance of worker populations. (3) Benchmark & evaluate various quality assurance & quality control programs for data capture essential to effective health surveillance. (4) Adopt and implement a health surveillance information system. (5) Construct essential population health baselines for measuring health trends.
	Inadequate numbers of hired or contracted occupational health professionals.	(1) Require occupational physicians to conduct all OMMP physicals. (2) Determine the adequate number of hired or contracted occupational health professionals needed to operate the OMMP program. (3) Document procedures for providing positive system of patient medical exam feedback, iaw best OSH standards.(4) Set performance requirement that all occupational health care professionals are trained in and effectively implement the patient medical exam feedback process.(5) Measure patient and physician satisfaction with the Medical Exam and Medical Exam Feedback processes.

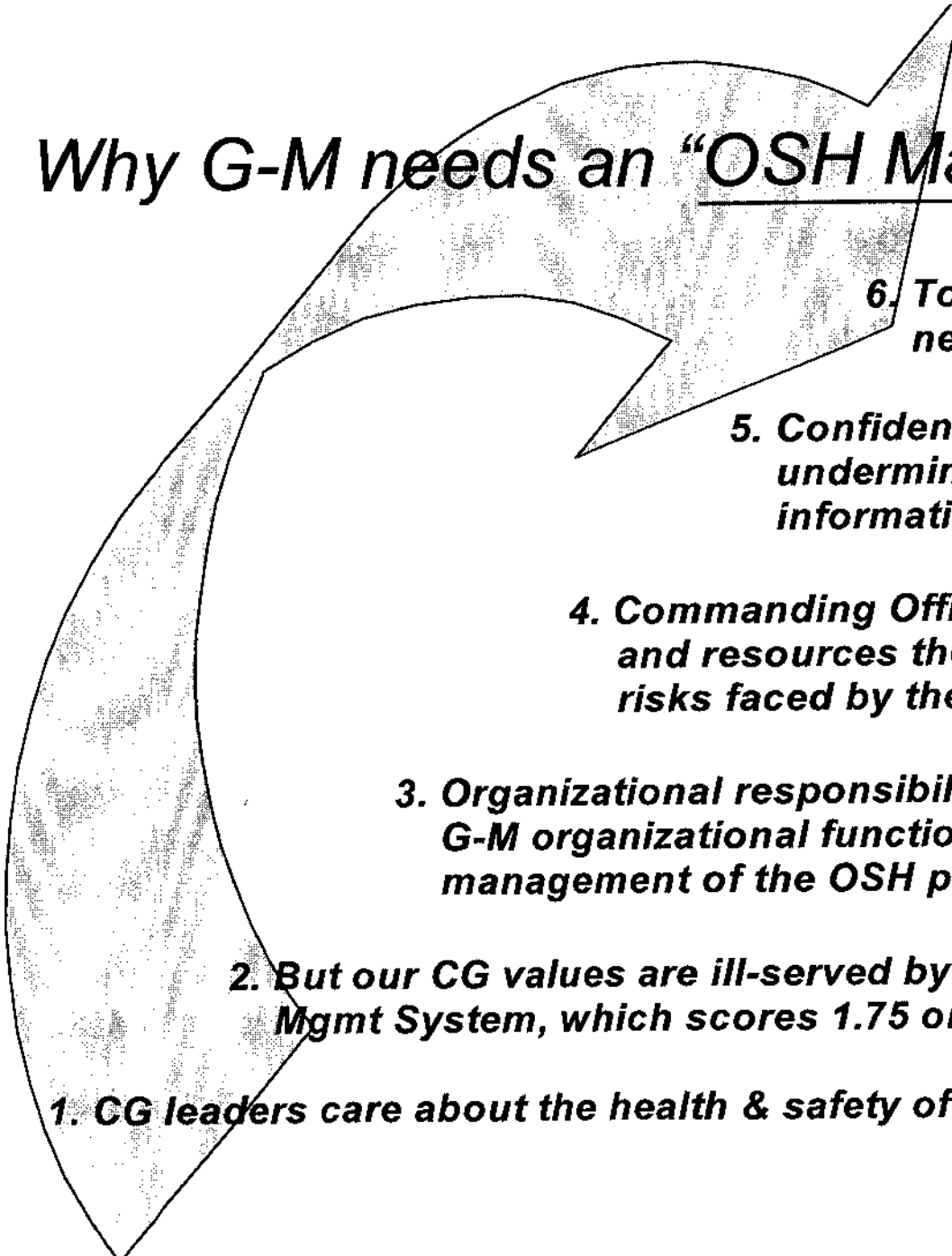
ENCLOSURE (1)

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ING	OMMP examination procedures not clearly documented for physicians	(1) Document an OMMP physical process based on best OSH standards. (2) Train Occupational Health physicians on the purpose of and process for OMMP physicals. (3) Implement the improved OMMP process. (4) Establish a medical exam improvement process based on feedback of Occupational Health Care professionals.
	S&H training not integrated with training and quality system	<i>Develop & implement a training management system that defines OSH training & documentation at all levels of the OSH program.</i>
	S&H indoc non-existent at accession points	Develop formal OSH indoctrination training and incorporate formal OSH indoc training at all accession points for officers, enlisted & civilian members.
	No training management system for units	(1) Develop a training management system to address required training, frequency, documentation, and improvement, emulating best OSH practices in the United States. (2) Develop required lifetime training and training frequency requirements, training documentation system, and training improvement process, emulating best OSH practices in the United States.
	No OSH Training for Senior Officers	Develop a Senior Officer OSH Training Curriculum and incorporate into all PCO/PXO courses.
	No training standards for CG S&H professionals	(1) Conduct a front end analysis (FEA) for Coast Guard OSH professionals to determine required initial and follow on (professional development) training needs. (2) Establish Training standards for all OSH professionals. (3) Measure the Training level of the OSH professional workforce.

ENCLOSURE (1)

Why G-M needs an “OSH Management System”

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- 1. CG leaders care about the health & safety of our people.***
 - 2. But our CG values are ill-served by a weak Occupational Safety & Health Mgmt System, which scores 1.75 on a standard 5-Pt scoring system...***
 - 3. Organizational responsibilities for OSH are not laid out in G-M organizational functions. Officers are not evaluated on management of the OSH program.***
 - 4. Commanding Officers do not have the information and resources they need to assess the health & safety risks faced by their people in the course of duty.***
 - 5. Confidence in the CG OMMP Program is undermined by deficiencies in medical information and OMMP exam procedures.***
 - 6. To manage Health & Safety risks, G-M needs an OSH Management System.***